

JBR Underground – Ownership Documents

ARTICLES OF AMENDMENT for a Limited Liability Company

(1) JBR underground LLC
Insert full name of the Limited Liability Company (LLC).

(2) The Charter of the Limited Liability Company is hereby amended as follows:

I James B Rucker Jr would like to add Andrey Shuklin address: 1303 Hillcrest Rd, apt B Glen Burnie, MD 21061 as a managing member and the Resident agent
Change Principal office: 1303 Hillcrest Rd, Apt B Glen Burnie, MD 21061.

(3) I hereby consent to serve as Resident Agent for the above named Limited Liability Company.

Signature of Authorized Person(s) [Signature] Signature required only for new resident agents [Signature]

INSTRUCTIONS: Limited Liability Company Articles of Amendment must be approved by the unanimous consent of the members, signed by an authorized person, and filed with the Department of Assessments and Taxation at 301 W. Preston Street, 8th Floor, and Baltimore, Maryland 21201. The Articles do not have to recite the approval of the members.

The above form may be used or a document may be created based on the above format. The filing fee for this document is \$100, however other fees may apply for related services from the Corporate Charter Division.

CUST ID: 0002912825
WORK ORDER: 0004129405
DATE: 04-24-2013 11:43 AM
AMT. PAID: \$150.00

OMB No. 2126-0013

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MOTOR CARRIER IDENTIFICATION REPORT (Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)
☐ NEW APPLICATION ☒ BIENNIAL UPDATE OR CHANGES ☐ OUT OF BUSINESS NOTIFICATION ☐ REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER JBR UNDERGROUND LLC		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME UNITED NATIONAL MOVING & STORAGE								
3. PRINCIPAL ADDRESS 1585 SULPHUR SPRING RD SUITE 106		4. CITY ARBUS	5. STATE/PROVINCE MARYLAND	6. ZIP CODE + 4 21227	7. COLONIA (MEXICO ONLY)					
8. MAILING ADDRESS 1585 SULPHUR SPRING RD		9. CITY ARBUS	10. STATE/PROVINCE MARYLAND	11. ZIP CODE+4 21227	12. COLONIA (MEXICO ONLY)					
13. PRINCIPAL BUSINESS PHONE NUMBER (888) 443-7997		14. PRINCIPAL CONTACT CELL PHONE NUMBER		15. PRINCIPAL BUSINESS FAX NUMBER (443) 575-6732						
16. USDOT NO. 1806018	17. MC OR MX NO. MC656479	18. DUN & BRADSTREET NO. 14239378	19. IRS/TAX ID NO. EIN# 202164022	SSN# 219926159						
20. INTERNET E-MAIL ADDRESS INFO@UNITEDNATIONALMOVING.COM			21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR 300000 2013							
22. COMPANY OPERATION (Mark all that apply) <input checked="" type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Hazmat Carrier <input type="checkbox"/> Intrastate Non-Hazmat Carrier <input type="checkbox"/> Interstate Hazmat Shipper <input type="checkbox"/> Intrastate Hazmat Shipper <input type="checkbox"/> Vehicle Registrant Only										
23. OPERATION CLASSIFICATION (Circle All that Apply) <input checked="" type="checkbox"/> Authorized For Hire <input type="checkbox"/> Private Passengers (Business) <input type="checkbox"/> G. U. S. Mail <input type="checkbox"/> J. Local Government <input type="checkbox"/> B. Exempt For Hire <input type="checkbox"/> E. Private Passengers (Non-Business) <input type="checkbox"/> H. Federal Government <input type="checkbox"/> K. Indian Tribe <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> F. Migrant <input type="checkbox"/> I. State Government <input type="checkbox"/> L. Other										
24. CARGO CLASSIFICATIONS (Circle All that Apply) <input checked="" type="checkbox"/> GENERAL FREIGHT <input type="checkbox"/> F. LOGS, POLES, BEAMS, LUMBER <input type="checkbox"/> J. FRESH PRODUCE <input type="checkbox"/> P. GRAIN, FEED, HAY <input type="checkbox"/> V. COMMODITIES DRY BULK <input type="checkbox"/> BB. CONSTRUCTION <input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> G. BUILDING MATERIALS <input type="checkbox"/> K. LIQUID GASES <input type="checkbox"/> Q. COAL/COKE <input type="checkbox"/> W. REFRIGERATED FOOD <input type="checkbox"/> CC. WATER WHEEL <input type="checkbox"/> C. METAL SHEETS, COILS, ROLLS <input type="checkbox"/> H. MOBILE HOMES <input type="checkbox"/> L. INTERMODAL CONT. <input type="checkbox"/> R. MEAT <input type="checkbox"/> X. BEVERAGES <input type="checkbox"/> DD. OTHER <input type="checkbox"/> D. MOTOR VEHICLES <input type="checkbox"/> I. MACHINERY, LARGE OBJECTS <input type="checkbox"/> M. PASSENGERS <input type="checkbox"/> S. GARBAGE, REFUSE, TRASH <input type="checkbox"/> Y. POWER PRODUCTS <input type="checkbox"/> E. DRIVE AWAY/TOWAWAY <input type="checkbox"/> O. LIVESTOCK <input type="checkbox"/> U. CHEMICALS <input type="checkbox"/> AA. FARM SUPPLIES										
25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B-BULK - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE C S A. DIV 1.1 B NB C S K. DIV 2.2A (Ammonia) B NB C S U. DIV 4.2 B NB C S EE. HRCO B NB C S B. DIV 1.2 B NB C S L. DIV 2.3A B NB C S V. DIV 4.3 B NB C S FF. CLASS 8 B NB C S C. DIV 1.3 B NB C S M. DIV 2.3B B NB C S W. DIV 5.1 B NB C S GG. CLASS 8A B NB C S D. DIV 1.4 B NB C S N. DIV 2.3C B NB C S X. DIV 5.2 B NB C S HH. CLASS 8B B NB C S E. DIV 1.5 B NB C S O. DIV 2.3D B NB C S Y. DIV 6.2 B NB C S II. CLASS 9 B NB C S F. DIV 1.6 B NB C S P. Class 3 B NB C S Z. DIV 6.1A B NB C S JJ. ELEVATED TEMP. MAT. B NB C S G. DIV 2.1 B NB C S Q. Class 3A B NB C S AA. DIV 6.1B B NB C S KK. INFECTIOUS WASTE B NB C S H. DIV 2.1 LPG B NB C S R. Class 3B B NB C S BB. DIV 6.1 Poison B NB C S LL. MARINE POLLUTANTS B NB C S I. DIV 2.1 (Methane) B NB C S S. COM LIQ B NB C S CC. DIV 6.1 SOLID B NB C S MM. HAZARDOUS SUB(RQ) B NB C S J. DIV 2.2 B NB C S T. DIV 4.1 B NB C S DD. CLASS 7 B NB C S NN. HAZARDOUS WASTE B NB C S O. ORM										
26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.										
	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus	Mini-bus	Van	Limousine
OWNED	1									
TERM LEASED	17									
TRIP LEASED										
27. DRIVER INFORMATION							TOTAL DRIVERS		TOTAL CDL DRIVERS	
Within 100-Mile Radius							24		0	
Beyond 100-Mile Radius							24		0	
28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? If Yes, enter your U.S. DOT Number: _____ Yes No <input checked="" type="checkbox"/>										
29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER) 1. JAMES RUCKER, OWNER (Please print Name) 2. ANDREY SHUKLIN, OWNER (Please print Name)										
30. CERTIFICATION STATEMENT (to be completed by an authorized official) I, SERGHEI (Please print Name), certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete. Signature: SERGHEI Date: 08/30/2013 Title: GENERAL MANAGER (Please print)										

ARTICLES OF AMENDMENT for a Limited Liability Company

(1) JBR Underground, LLC
Insert full name of the Limited Liability Company (LLC).

(2) The Charter of the Limited Liability Company is hereby amended as follows:

James B Rucker is no longer associated with JBR Underground, LLC.
Andrey Shuklin is the sole owner of JBR Underground, LLC.

(3) I hereby consent to serve as Resident Agent for the above named Limited Liability Company.

Signature of Authorized Person(s) [Signature] Signature required only for new resident agents [Signature]

INSTRUCTIONS: Limited Liability Company Articles of Amendment must be approved by the unanimous consent of the members, signed by an authorized person, and filed with the Department of Assessments and Taxation at 301 W. Preston Street, 8th Floor, and Baltimore, Maryland 21201. The Articles do not have to recite the approval of the members.

The above form may be used or a document may be created based on the above format. The filing fee for this document is \$100, however other fees may apply for related services from the Corporate Charter Division.

CUST ID: 0002995836
WORK ORDER: 0004212416
DATE: 10-28-2013 03:26 PM
AMT. PAID: \$150.00

State of Maryland
Department of Assessments and Taxation
 Charter Division

TRADE NAME APPLICATION

NON EXPEDITED FEE: \$25.00
 EXPEDITED FEE: ADDITIONAL \$50.00 | TOTAL EXPEDITED SERVICE: \$75.00
 (Make checks payable to Department of Assessments and Taxation)

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION.

1) **TRADE NAME:** (Only one trade name may appear on this line)

National Relocation Solutions

2) **STREET ADDRESS(ES) WHERE NAME IS USED:** 1585 Sulphur Spring Rd st.106
Arbutus, MD 21227

CITY: Arbutus **STATE:** MD **ZIP:** 21227

Post office box number is only accepted when it is part of the physical address.

3) **FULL LEGAL NAME OF CORPORATE ENTITY OR INDIVIDUAL USING THE TRADE NAME:**

JBR Underground LLC WI0522126

If more than one owner, attach an additional sheet listing each owner with his/her address. Be sure each owner signs this form.

4) If the owner is an individual or general partnership, do they have a personal property account (an "L" number)?
 Circle one: YES NO (DO NOT INSERT CORPORATE ID#- D, W, F, etc.)

IF YES, WHAT IS THAT NUMBER?

IF NO, see item 4 of the Trade Name Application Instructions.

5) **ADDRESS OF OWNER:** 1303 Hillcrest Rd

CITY: Glen Burnie **STATE:** MD **ZIP:** 21061

Post office box number is only accepted when it is part of the physical address.

6) **DESCRIPTION OF BUSINESS:** Moving of household goods

I affirm and acknowledge under penalties of perjury that the foregoing is true and correct to the best of my knowledge.

Andrey Shuklin
 SIGNATURE OF OWNER (AUTHORIZED TITLE)

SIGNATURE OF OWNER (AUTHORIZED TITLE/ENTITY)

SIGNATURE OF OWNER (AUTHORI

CUST ID: 0003065375

WORK ORDER: 0004281955

DATE: 04-02-2018 11:46 AM

AMT. PAID: \$75.00

STATE OF MARYLAND
 This is a true and complete copy of the document on file in this office. DATED: 9/15/2017

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION:

BY: Diana Williams, Custodian
 This stamp replaces our previous certification system. Effective: 6/95

Room 801-
 Phone: (410) 767-1350 - F
 Toll Free in M

National Relocation Solutions

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION FORM OP-1 APPLICATION FOR MOTOR CARRIER AND BROKER AUTHORITY

Approved by OMB
2125-0019
Expires 03/01/09

This application is for all individuals and businesses requesting authority to operate as motor property common or contract carriers of property brokers.

FOR FMCSA USE ONLY

Docket No. MC-871523

Filed

Fee No.

CC Approval No.

SECTION I

Applicant Information

Do you now have authority from or an application being processed by the former CC, FHWA, OMCS or FMCSA?

☒ NO ☐ YES If yes, identify the lead docket number(s)

LEGAL BUSINESS NAME

NATIONAL RELOCATION SOLUTIONS LLC

DOING BUSINESS AS NAME

BUSINESS ADDRESS

3136-1 JOHN P CURCI DRIVE

Street Name and Number

HALLANDALE

FLORIDA

33009

5409662174

City

State

Zip Code

Telephone Number

MAILING ADDRESS (if different from above)

3136 JOHN P CURCI DRIVE

Street Name and Number

BROWARD

FLORIDA

33009

City

State

Zip Code

REPRESENTATIVE (Person who can respond to inquiries)

NATIONAL RELOCATION SOLUTIONS LLC - SELF

(Name and title, position, or relationship to applicant)

3136 JOHN P CURCI DRIVE

Street Name and Number

BROWARD

FLORIDA

33009

City

State

Zip Code

Telephone Number (540) 966-2174

Fax Number

USDOT Number (if available; if not, see instructions.) 2500712

FORM OF BUSINESS (Check only one.)

☒ Corporation State of Incorporation FL

☐ Sole Proprietorship Name of individual

☐ Partnership Identify Partners

APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY - OP-1 (cont.)

SECTION VII

Applicants for Contract Carriage of Household Goods

SCOPE OF OPERATING AUTHORITY. Complete one or both box(es) below, as applicable.

☐ Contracting shippers have one or more of the distinct needs delineated in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1988). Describe briefly the distinct need(s):

☐ Contracts provide for assignment of one or more vehicles for the exclusive use of each shipper in the manner specified in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1988).

SECTION VIII

Applicant's Oath

This oath applies to all supplemental filings to this application. The signature must be that of applicant, not legal representative.

I, ANDREY SKUKLIN - OWNER, verify under penalty of _____
Name and title

perjury, under the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

Finally, I certify that applicant is not domiciled in Mexico or owned or controlled by persons of that country. (Note: This portion of Applicant's oath does not pertain to applicants that are U.S.-based enterprises owned or controlled by persons of Mexico seeking to provide truck services for the transportation of international cargo.)

Signature ANDREY SKUKLIN Date 05/05/2014

Selections from OP-1 Form for National Relocation Solutions (page 3)

APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY - OP-1 (cont.)

SECTION IV

**Safety
Certification
(Motor Carrier
Applicants Only)**

APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS - If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with Federal Motor Carrier Safety Regulations;
- (2) Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

☒ Yes

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from Federal Motor Carrier Safety Regulations, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

☒ Not Applicable

SECTION V

Affiliations
AFFILIATION WITH OTHER FORMER ICC, FHWA OR OMCs; NOW FMCSA-LICENSED ENTITIES.

Disclose any relationship you have or have had with any other FMCSA-regulated entity within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC-number, DOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

Do you have now, or have you ever had, any relationship with any other FMCSA Regulated entity within the past 3 years?*

☒ No

Name of affiliated company	MC	U.S. DOT Number	U.S. DOT Safety Rating	Ever disqualified under Section 219 of the MCSIA?

Independent Van Lines

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION FORM OP-1 APPLICATION FOR MOTOR CARRIER AND BROKER AUTHORITY		Approved by OMB 2/17/2016 Expires 06/30/22																												
<p>This application is for all individuals and businesses requesting authority to operate as motor property common or contract carriers of property brokers.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">FOR FMCSA USE ONLY</th> </tr> <tr> <td style="width: 30%;">Docket No. MC-892664</td> <td colspan="3"></td> </tr> <tr> <td>Filed</td> <td colspan="3"></td> </tr> <tr> <td>Fee No.</td> <td colspan="3"></td> </tr> <tr> <td>CC Approval No.</td> <td colspan="3"></td> </tr> </table>		FOR FMCSA USE ONLY				Docket No. MC-892664				Filed				Fee No.				CC Approval No.											
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<div style="display: flex;"> <div style="width: 15%; font-weight: bold;">SECTION I</div> <div style="width: 85%;"> <p>Applicant Information</p> <p>Do you now have authority from or an application being processed by the former CC, FHWA, OMCS or FMCSA? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If yes, identify the lead docket number(s)</p> <p>LEGAL BUSINESS NAME INDEPENDENT VAN LINES LLC</p> <p>DOING BUSINESS AS NAME</p> <p>BUSINESS ADDRESS 1835 E HALLANDALE BEACH BLVD Street Name and Number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">HALLANDALE BEACH</td> <td style="width: 10%;">FLORIDA</td> <td style="width: 20%;">33009</td> <td style="width: 40%;">4106308416</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Telephone Number</td> </tr> </table> <p>MAILING ADDRESS (If different from above)</p> <p>Street Name and Number</p> <p>City State Zip Code</p> <p>REPRESENTATIVE (Person who can respond to inquiries) INDEPENDENT VAN LINES LLC - SELF (Name and title, position, or relationship to applicant)</p> <p>1835 E HALLANDALE BEACH BLVD Street Name and Number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">HALLANDALE BEACH</td> <td style="width: 10%;">FLORIDA</td> <td style="width: 20%;">33009</td> <td style="width: 40%;"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> </table> <p>Telephone Number (410) 630-8416 Fax Number</p> <p>USDOT Number (If available, if not, see instructions.) 2559133</p> <p>FORM OF BUSINESS (Check only one.)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Corporation</td> <td style="width: 10%;">State of Incorporation</td> <td colspan="2"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Sole Proprietorship</td> <td>Name of Individual</td> <td colspan="2">ANDREY SHUKLIN</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td>Identify Partners</td> <td colspan="2"></td> </tr> </table> </div> </div>			HALLANDALE BEACH	FLORIDA	33009	4106308416	City	State	Zip Code	Telephone Number	HALLANDALE BEACH	FLORIDA	33009		City	State	Zip Code		<input type="checkbox"/> Corporation	State of Incorporation			<input checked="" type="checkbox"/> Sole Proprietorship	Name of Individual	ANDREY SHUKLIN		<input type="checkbox"/> Partnership	Identify Partners		
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APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY - OP-1 (cont.)	
<p>SECTION VII</p> <p>Applicants for Contract Carriage of Household Goods</p>	<p>SCOPE OF OPERATING AUTHORITY. Complete one or both box(es) below, as applicable.</p> <p><input type="checkbox"/> Contracting shippers have one or more of the distinct needs delineated in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1988). Describe briefly the distinct need(s):</p> <p><input type="checkbox"/> Contracts provide for assignment of one or more vehicles for the exclusive use of each shipper in the manner specified in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1988).</p>
<p>SECTION VIII</p> <p>Applicant's Oath</p>	<p>This oath applies to all supplemental filings to this application. <u>The signature must be that of applicant, not legal representative.</u></p> <p>I, <u>ANDREY SHUKLIN - OWNER</u>, verify under penalty of _____, Name and title</p> <p>perjury, under the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.</p> <p>I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).</p> <p>Finally, I certify that applicant is <u>not</u> domiciled in <u>Mexico</u> or owned or controlled by persons of that country. (Note: This portion of Applicant's oath does not pertain to applicants that are U.S.-based enterprises owned or controlled by persons of Mexico seeking to provide truck services for the transportation of international cargo.)</p> <p>Signature <u>ANDREY SHUKLIN</u> Date <u>11/18/2014</u></p>

National Relocation Van Lines

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
FORM OP-1
APPLICATION FOR MOTOR CARRIER AND BROKER AUTHORITY**

Approved by OMB
3199-0016
Expires 12/09/02

This application is for all individuals and businesses requesting authority to operate as motor property common or contract carriers of property brokers.

FOR FMCSA USE ONLY	
Docket No. MC-885988	
Filed	
Fee No.	
CC Approval No.	

SECTION I

Applicant Information

Do you now have authority from or an application being processed by the former CC, FHWA, OMCS or FMCSA?

☐ NO ☒ YES If yes, identify the lead docket number(s)

LEGAL BUSINESS NAME
NATIONAL RELOCATION VAN LINES

DOING BUSINESS AS NAME

BUSINESS ADDRESS
8010 WATERFORD TIDE LOOP
Street Name and Number

CHARLOTTE NORTH CAROLINA 28216 8558769434
City State Zip Code Telephone Number

MAILING ADDRESS (if different from above)

Street Name and Number

City State Zip Code

REPRESENTATIVE (Person who can respond to inquiries)

NATIONAL RELOCATION VAN LINES - SELF
(Name and title, position, or relationship to applicant)

8010 WATERFORD TIDE LOOP
Street Name and Number

CHARLOTTE NORTH CAROLINA 28216
City State Zip Code

Telephone Number (855) 876-9434 Fax Number (443) 637-0255

USDOT Number (if available; if not, see instructions.) 2547775

FORM OF BUSINESS (Check only one.)

☐ Corporation State of Incorporation

☒ Sole Proprietorship Name of individual SERGHEI VERLAN

☐ Partnership Identify Partners

APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY - OP-1 (cont.)

SECTION VII

Applicants for Contract Carriage of Household Goods

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SECTION VIII

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I, SERGHEI VERLAN - OWNER, verify under penalty of

Name and title

perjury, under the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).

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Signature SERGHEI VERLAN Date 05/04/2015

Selections from OP-1 Form for National Relocation Van Lines (page 3)

APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY - OP-1 (cont.)

SECTION IV

Safety
Certification
(Motor Carrier
Applicants Only)

APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS - If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with Federal Motor Carrier Safety Regulations;
- (2) Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

☒ Yes

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from Federal Motor Carrier Safety Regulations, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

☐ Not Answered

SECTION V

Affiliations

AFFILIATION WITH OTHER FORMER ICC, FHWA OR OMCS; NOW FMCSA-LICENSED ENTITIES.

Disclose any relationship you have or have had with any other FMCSA-regulated entity within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC-number, DOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

Do you have now, or have you ever had, any relationship with any other FMCSA Regulated entity within the past 3 years?*

☒ No

Name of affiliated company	MC	U.S. DOT Number	U.S. DOT Safety Rating	Ever disqualified under Section 219 of the MCSIA?

US Relocation Systems

FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION FORM OP-1 APPLICATION FOR MOTOR CARRIER AND BROKER AUTHORITY		Approved by OMB 2129-3016 Expires 03/01/00														
<p>This application is for all individuals and businesses requesting authority to operate as motor property common or contract carriers of property brokers.</p>	FOR FMCSA USE ONLY															
	Docket No. <u>MC-929335</u> Filed _____ Fee No. _____ CC Approval No. _____															
<div style="display: flex;"> <div style="width: 15%; font-weight: bold;">SECTION I</div> <div style="width: 85%;"> <div style="display: flex;"> <div style="width: 15%; font-weight: bold;">Applicant Information</div> <div style="width: 85%; border: 1px solid black; padding: 5px;"> <p>Do you now have authority from or an application being processed by the former CC, FHWA, OMCS or FMCSA? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If yes, identify the lead docket number(s)</p> <p>LEGAL BUSINESS NAME US RELOCATION SYSTEMS LLC</p> <p>DOING BUSINESS AS NAME </p> <p>BUSINESS ADDRESS <u>2 ALCO PLACE</u> Street Name and Number </p> <table style="width: 100%; font-size: small;"> <tr> <td>LANDSDOWNE</td> <td>MARYLAND</td> <td>21227</td> <td>4435438091</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td>Telephone Number</td> </tr> </table> <p>MAILING ADDRESS (If different from above) </p> <p>Street Name and Number </p> <p>City State Zip Code</p> <p>REPRESENTATIVE (Person who can respond to inquiries) </p> <p>US RELOCATION SYSTEMS LLC - SELF (Name and title, position, or relationship to applicant) </p> <p><u>2 ALCO PLACE</u> Street Name and Number </p> <table style="width: 100%; font-size: small;"> <tr> <td>LANDSDOWNE</td> <td>MARYLAND</td> <td>21227</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table> <p>Telephone Number (443) 543-6091 Fax Number</p> <p>USDOT Number (If available; if not, see instructions.) 2787681</p> <p>FORM OF BUSINESS (Check only one.)</p> <p><input type="checkbox"/> Corporation State of Incorporation</p> <p><input checked="" type="checkbox"/> Sole Proprietorship Name of individual PHYLLIS QUINCOCES</p> <p><input type="checkbox"/> Partnership Identify Partners</p> </div> </div> </div> </div>			LANDSDOWNE	MARYLAND	21227	4435438091	City	State	Zip Code	Telephone Number	LANDSDOWNE	MARYLAND	21227	City	State	Zip Code
LANDSDOWNE	MARYLAND	21227	4435438091													
City	State	Zip Code	Telephone Number													
LANDSDOWNE	MARYLAND	21227														
City	State	Zip Code														

APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY - OP-1 (cont.)	
SECTION VII Applicants for Contract Carriage of Household Goods	<p>SCOPE OF OPERATING AUTHORITY. Complete one or both box(es) below, as applicable.</p> <p><input type="checkbox"/> Contracting shippers have one or more of the distinct needs delineated in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1968). Describe briefly the distinct need(s):</p> <p><input type="checkbox"/> Contracts provide for assignment of one or more vehicles for the exclusive use of each shipper in the manner specified in Interstate Van Lines, Inc., Extension - Household Goods, 5 I.C.C.2d 168 (1968).</p>
SECTION VIII Applicant's Oath	<p>This oath applies to all supplemental filings to this application. <u>The signature must be that of applicant, not legal representative.</u></p> <p>I, <u>PHYLLIS QUINCOCES - OWNER</u>, verify under penalty of _____ Name and title</p> <p>perjury, under the laws of the United States of America, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. 1001 by imprisonment up to 5 years and fines up to \$10,000 for each offense. Additionally, these misstatements are punishable as perjury under 18 U.S.C. 1621, which provides for fines up to \$2,000 or imprisonment up to 5 years for each offense.</p> <p>I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1959, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988 (21 U.S.C. 862).</p> <p>Finally, I certify that applicant is <u>not</u> domiciled in <u>Mexico</u> or owned or controlled by persons of that country. (Note: This portion of Applicant's oath does not pertain to applicants that are U.S.-based enterprises owned or controlled by persons of Mexico seeking to provide truck services for the transportation of international cargo.)</p> <p>Signature <u>PHYLLIS QUINCOCES</u> Date <u>08/04/2015</u></p>

Selections from OP-1 Form for US Relocation Systems (page 3)

APPLICATION FOR MOTOR PROPERTY CARRIER AND BROKER AUTHORITY - OP-1 (cont.)

SECTION IV

**Safety
Certification
(Motor Carrier
Applicants Only)**

APPLICANTS SUBJECT TO FEDERAL MOTOR CARRIER SAFETY REGULATIONS - If you will operate vehicles of more than 10,000 pounds GVWR and are, thus, subject to pertinent portions of the U.S. DOT's Federal Motor Carrier Safety Regulations at 49 CFR, Chapter 3, Subchapter B (Parts 350-399), you must certify as follows:

Applicant has access to and is familiar with all applicable U.S. DOT regulations relating to the safe operation of commercial vehicles and the safe transportation of hazardous materials and it will comply with these regulations. In so certifying, applicant is verifying that, at a minimum, it:

- (1) Has in place a system and an individual responsible for ensuring overall compliance with Federal Motor Carrier Safety Regulations;
- (2) Can produce a copy of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Transportation Regulations;
- (3) Has in place a driver safety training/orientation program;
- (4) Has prepared and maintains an accident register (49 CFR 390.15);
- (5) Is familiar with DOT regulations governing driver qualifications and has in place a system for overseeing driver qualification requirements (49 CFR Part 391);
- (6) Has in place policies and procedures consistent with DOT regulations governing driving and operational safety of motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
- (7) Is familiar with and will have in place on the appropriate effective date, a system for complying with U.S. DOT regulations governing alcohol and controlled substances testing requirements (49 CFR 382 and 49 CFR Part 40).

☒ Yes

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR under 10,000 pounds) and will not transport hazardous materials, you are exempt from Federal Motor Carrier Safety Regulations, and must certify as follows:

Applicant is familiar with and will observe general operational safety guidelines, as well as any applicable State and local laws and requirements relating to the safe operation of commercial motor vehicles and the safe transportation of hazardous materials.

☒ Not Applicable

SECTION V

Affiliations
AFFILIATION WITH OTHER FORMER ICC, FHWA OR OMCS; NOW FMCSA-LICENSED ENTITIES.

Disclose any relationship you have or have had with any other FMCSA-regulated entity within the past 3 years. For example, this could be through a percentage of stock ownership, a loan, or a management position. If this requirement applies to you, provide the name of the company, MC-number, DOT number, and that company's latest U.S. DOT safety rating. (If you require more space, attach the information to this application form.)

Do you have now, or have you ever had, any relationship with any other FMCSA Regulated entity within the past 3 years?*

☒ No

Name of affiliated company	MC	U.S. DOT Number	U.S. DOT Safety Rating	Ever disqualified under Section 219 of the MCSIA?

US Relocation Systems

Electronic Articles of Organization For Florida Limited Liability Company

L15000186142
FILED 8:00 AM
November 02, 2015
Sec. Of State
tscott

Article I

The name of the Limited Liability Company is:
US RELOCATION SYSTEMS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1835 E HALLANDALE BEACH BLVD
667
HALLANDALE BEACH, FL. 33009

The mailing address of the Limited Liability Company is:

1835 E HALLANDALE BEACH BLVD
667
HALLANDALE BEACH, FL. 33009

Article III

The name and Florida street address of the registered agent is:

SERGHEI VERLAN
1835 E HALLANDALE BEACH BLVD
667
HALLANDALE BEACH, FL. 33009

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SERGHEI VERLAN

Article IV

The effective date for this Limited Liability Company shall be:

11/02/2015

Signature of member or an authorized representative

Electronic Signature: SERGHEI VERLAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G15000085372

Fictitious Name to be Registered: US RELOCATION SYSTEMS LLC

Mailing Address of Business: 1835 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL. 33009

Florida County of Principal Place of Business: BROWARD

FEI Number: 47-4819107

Owner(s) of Fictitious Name:

OLUMPUS A&S LLC
500 THREE ISLAND BLVD
HALLANDALE BEACH, FL. 33009
Florida Document Number: L15000136114
FEI Number: 47-4819107

FILED
Aug 18, 2015
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

ANDREY SHUKLIN

Electronic Signature(s)


08/18/2015

Date

Certificate of Status Requested (X)

Certified Copy Requested ()

First National Moving and Storage

 UNITED STATES DEPARTMENT OF TRANSPORTATION Federal Motor Carrier Safety Administration		Date Filed: _____
This document reflects the answers provided to the URS Application Summary, FORM MCSA-1 on <u>DATE OF APPLICATION SUBMISSION</u> .		
REASONS TO FILE <input checked="" type="checkbox"/> NEW REGISTRATION (first time registering)		
BUSINESS DESCRIPTION		
1. LEGAL BUSINESS NAME First National Moving and Storage		
2. DOING BUSINESS AS NAME (if different from Legal Business Name)		
3. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS) (A P.O. Box will <u>not</u> be accepted)		
22 ENDICOTT ST, UNIT 18308 CINCINNATI OHIO 45218-1429 <small>STREET ADDRESS/ROUTE/NUMBER CITY STATE/PROVINCE ZIP CODE+4 COUNTRY (Mexico Only) FOR EACH COUNTRY</small>		
4. MAILING ADDRESS (This may be a P.O. Box Number) <input type="checkbox"/> SAME AS PRINCIPAL ADDRESS		
22 ENDICOTT ST, UNIT 18308 CINCINNATI OHIO 45218-1429 <small>STREET ADDRESS/ROUTE/NUMBER CITY STATE/PROVINCE ZIP CODE+4 COUNTRY (Mexico Only) FOR EACH COUNTRY</small>		
5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS <input checked="" type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other Country		
Canadian NSC Number (National Safety Code) Mexico RFC Number (Federal Taxpayer Registry)		
6. PRINCIPAL BUSINESS TELEPHONE NUMBER (443)660-7075		
7. PRINCIPAL FAX TELEPHONE NUMBER (optional)		
8. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional)		
10. IRS TAX ID NUMBER Enter the Employer Identification Number (EIN) assigned to the applicant by the Internal Revenue Service (See instructions) 811405720		11. DUN & BRADSTREET NUMBER (if applicable)

 UNITED STATES DEPARTMENT OF TRANSPORTATION Federal Motor Carrier Safety Administration		Date Filed: _____
APPLICANT'S OATH		
50. This oath applies to all supplemental filings to this application. The signature must be that of an authorized official of the applicant, not the legal representative.		
I, <u>Evgenia Pros</u> , verify under penalty of perjury, under the laws of the United States of America, (PRINT NAME)		
that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of up to 5 years for each offense.		
I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. 862).		
Signature <u>Electronic signature recorded</u> Title <u>Owner</u>		Date <u>02/10/2016</u>

First National Moving and Storage

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G16000016538

Fictitious Name to be Registered: FIRST NATIONAL MOVING AND STORAGE

Mailing Address of Business: 22 ENDICOTT ST
APT 18308
CINCINNATI, OH 45218

Florida County of Principal Place of Business: BROWARD

FEI Number: 81-1405720

Owner(s) of Fictitious Name:

OLYMPUS A&S LLC
500 THREE ISLAND BLVD
HALLANDALE BEACH, FL 33009
Florida Document Number: L15000136114
FEI Number: 47-4703977

FILED
Feb 15, 2016
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

ANDREY SHUKLIN 02/15/2016

Electronic Signature(s) Date

Certificate of Status Requested ()

Certified Copy Requested ()

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G16000035484

Fictitious Name to be Registered: FIRST NATIONAL MOVING AND STORAGE

Mailing Address of Business: 22 ENDICOTT ST
CINCINNATI, OH 45218

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 81-1405720

Owner(s) of Fictitious Name:

US RELOCATION SYSTEMS LLC
1835 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009
Florida Document Number: L15000186142
FEI Number: 47-4703977

FILED
Apr 07, 2016
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.


SERGHEI VERLAN 04/07/2016


Electronic Signature(s) Date

Certificate of Status Requested ()

Certified Copy Requested ()

Public Moving and Storage

 UNITED STATES DEPARTMENT OF TRANSPORTATION Federal Motor Carrier Safety Administration		Date Filed: _____
This document reflects the answers provided to the URS Application Summary, FORM MCSA-1 on <u>DATE OF APPLICATION SUBMISSION</u> .		
REASONS TO FILE <input checked="" type="checkbox"/> NEW REGISTRATION (first time registering)		
BUSINESS DESCRIPTION		
1. LEGAL BUSINESS NAME Public Moving and Storage		
2. DOING BUSINESS AS NAME (if different from Legal Business Name)		
3. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS) (A P.O. Box will not be accepted) 8730 CINCINNATI DAYTON RD, UNIT 481 WEST CHESTER OHIO 45071-9118 <small>STREET ADDRESS/ROUTE/NUMBER CITY STATE/PROVINCE ZIP CODE+4 COUNTRY (Mexico Only) FOREIGN COUNTRY</small>		
4. MAILING ADDRESS (This may be a P.O. Box Number) <input type="checkbox"/> SAME AS PRINCIPAL ADDRESS 8730 CINCINNATI DAYTON RD, UNIT 481 WEST CHESTER OHIO 45071-9118 <small>STREET ADDRESS/ROUTE/NUMBER CITY STATE/PROVINCE ZIP CODE+4 COUNTRY (Mexico Only) FOREIGN COUNTRY</small>		
5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS <input checked="" type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other Country <div style="display: flex; justify-content: space-around;"> <div> <small>Canadian NSC Number (National Safety Code)</small> </div> <div> <small>Mexico RFC Number (Federal Taxpayer Registry)</small> </div> </div>		
6. PRINCIPAL BUSINESS TELEPHONE NUMBER (740)206-9031		
7. PRINCIPAL FAX TELEPHONE NUMBER (optional) (513)672-2985		
8. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional) (740)206-9031		
10. IRS TAX ID NUMBER Enter the Employer Identification Number (EIN) assigned to the applicant by the Internal Revenue Service (See instructions) 812494430		11. DUN & BRADSTREET NUMBER (if applicable)

 UNITED STATES DEPARTMENT OF TRANSPORTATION Federal Motor Carrier Safety Administration	Date Filed: _____
APPLICANT'S OATH	
50. This oath applies to all supplemental filings to this application. The signature must be that of an authorized official of the applicant, not the legal representative. I, <u>Evgenia Zershevikova</u> , verify under penalty of perjury, under the laws of the United States of America, (PRINT NAME) that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of up to 5 years for each offense. I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution of possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-647, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. 862). Signature <u>Electronic signature recorded</u> Title <u>owner</u> Date <u>05/05/2016</u>	

Public Moving and Storage

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G16000087348

Fictitious Name to be Registered: PUBLIC MOVING AND STORAGE

Mailing Address of Business: 8730 CINCINNATI DRIVE RD #481
WEST CHESTER, OH 45071

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 81-2494430

Owner(s) of Fictitious Name:

US RELOCATION SYSTEMS LLC
1835 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009
Florida Document Number: L15000186142
FEI Number: 47-4703977

FILED
Aug 16, 2016
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SERGHEI VERLAN 08/16/2016

Electronic Signature(s) Date

Certificate of Status Requested () Certified Copy Requested ()

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G16000087350

Fictitious Name to be Registered: PUBLIC MOVING AND STORAGE

Mailing Address of Business: 8730 CINCINNATI DRIVE RD #481
WEST CHESTER, OH 45071

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 81-2494430

Owner(s) of Fictitious Name:

OLYMPUS A&S LLC
2802 N 29TH AVE
HOLLYWOOD, FL 33020
Florida Document Number: L15000136114
FEI Number: 47-4819107

FILED
Aug 16, 2016
Secretary of State

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

ANDREY SHUKLIN 08/16/2016

Electronic Signature(s) Date

Certificate of Status Requested () Certified Copy Requested ()

Public Moving Services



Date Filed: _____

This document reflects the answers provided to the URS Application Summary, FORM MCSA-1 on DATE OF APPLICATION SUBMISSION.

REASONS TO FILE	
<input checked="" type="checkbox"/> NEW REGISTRATION (first time registering)	
BUSINESS DESCRIPTION	
1. LEGAL BUSINESS NAME Public Moving Services LLC	
2. DOING BUSINESS AS NAME (if different from Legal Business Name)	
3. PRINCIPAL ADDRESS (PRINCIPAL PLACE OF BUSINESS) (A P.O. Box will <u>not</u> be accepted)	
7706 WATERFORD SQUARE DR, APT 1221 CHARLOTTE NORTH CAROLINA 28226-8644 <small>STREET ADDRESS/ROUTE NUMBER CITY STATE/PROVINCE ZIP CODE+4 COUNTRY (Mexico Only) FOREIGN COUNTRY</small>	
4. MAILING ADDRESS (This may be a P.O. Box Number) <input type="checkbox"/> SAME AS PRINCIPAL ADDRESS	
7706 WATERFORD SQUARE DR, APT 1221 CHARLOTTE NORTH CAROLINA 28226-8644 <small>STREET ADDRESS/ROUTE NUMBER CITY STATE/PROVINCE ZIP CODE+4 COUNTRY (Mexico Only) FOREIGN COUNTRY</small>	
5. COUNTRY OF DOMICILE OF PRINCIPAL PLACE OF BUSINESS	
<input checked="" type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other Country	
Canadian NSC Number (National Safety Code) Mexico RFC Number (Federal Taxpayer Registry)	
6. PRINCIPAL BUSINESS TELEPHONE NUMBER (844)569-9255	
7. PRINCIPAL FAX TELEPHONE NUMBER (optional) (708)274-1167	
8. PRINCIPAL BUSINESS CELL PHONE NUMBER (optional)	
10. IRS TAX ID NUMBER Enter the Employer Identification Number (EIN) assigned to the applicant by the Internal Revenue Service (See instructions) 814703524	11. DUN & BRADSTREET NUMBER (if applicable)



Date Filed: _____

APPLICANT'S OATH

50. This oath applies to all supplemental filings to this application. The signature must be that of an authorized official of the applicant, not the legal representative.

I, Alexei Pistun Sr., verify under penalty of perjury, under the laws of the United States of America,
(PRINT NAME)

that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute Federal criminal violations punishable under 18 U.S.C. § 1001 by imprisonment of up to 5 years and fines up to \$250,000 for each offense. Additionally these statements are punishable as perjury under 18 U.S.C. § 1621, which provides for fines of up to \$250,000 or imprisonment of up to 5 years for each offense.

I further certify under penalty of perjury, under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, formerly Pub. L. 100-690, Title V, Section 5301, Nov. 18, 1988, 102 Stat. 4310, renumbered and amended Pub. L. 101-547, Title X, Section 1002 (d), Nov. 29, 1990, 104 Stat. 4827 (21 U.S.C. 862).

Signature Electronic signature recorded Title Owner Date 12/15/2016

Public Moving Services

SOSID: 1593103
Date Filed: 5/5/2017 1:18:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2017 124 01186

State of North Carolina
Department of the Secretary of State

Limited Liability Company
ARTICLES OF ORGANIZATION

Pursuant to §57D-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

- The name of the limited liability company is: Public Moving Services LLC
(See Item 1 of the Instructions for appropriate entity designation.)
- The name and address of each person executing these articles of organization is as follows: (State whether each person is executing these articles of organization in the capacity of a member, organizer or both. Note: This document must be signed by all persons listed.)

Name	Address	City	State	Zip Code	County	Capacity
Andrey Shuklin	1701 Waterford Square Dr, Apt 437	Charlotte	NC	28226	Mecklenburg	ORGANIZER
- The name of the initial registered agent is: Andrey Shuklin
- The street address and county of the initial registered agent office of the limited liability company is:
 Number and Street: 1701 Waterford Square Dr, apt 437
 City: Charlotte State: NC Zip Code: 28226 County: Mecklenburg
- The mailing address, if different from the street address, of the initial registered agent office is:
 Number and Street: 1701 Waterford Square Dr, Apt 437
 City: Charlotte State: NC Zip Code: 28226 County: Mecklenburg
- Principal office information: (Select either a or b.)
 a. ☒ The limited liability company has a principal office.
 The principal office telephone number: 305-589-8752
 The street address and county of the principal office of the limited liability company is:
 Number and Street: 1701 Waterford Square Dr, Apt 437
 City: Charlotte State: NC Zip Code: 28226 County: Mecklenburg

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The mailing address, if different from the street address, of the principal office of the company is:
 Number and Street: _____
 City: _____ State: _____ Zip Code: _____ County: _____

☐ The limited liability company does not have a principal office.

7. Any other provisions which the limited liability company elects to include (e.g., the purpose of the entity) are attached.

8. Optional: Listing of Company Officials (See instructions on the importance of listing the company officials in a certificate document.)

Name	Title	Business Address

9. Optional: Please provide a business e-mail address: info@PublicMovingServices.com
 The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is offered, please see the instructions for this document.

10. These articles will be effective upon filing, unless a future date is specified:

This is the 5 day of May, 20 17.

Signature
Andrey Shuklin
 Type or Print Name and Title: ORGANIZER

The below space to be used if more than one organizer or member is listed in Item #2 above

Signature _____
 Type or Print Name and Title _____

NOTE:
 1. Filing fee is \$125. This document must be filed with the Secretary of State.

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